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Bib Data Sheet

CONFIRMATION NO. 5507

SERIAL NUMBER 10/041,850	FILING OR 371(c) DATE 01/07/2002 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 5490E-000249
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/14/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

Non-invasive capacitively coupled electrical stimulation device for treatment of soft tissue wounds

FILING FEE RECEIVED 758	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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